

215047822
70326

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 95	Agency Case No. B5-107560	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1									
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 11/18/2015		TIME OF ACCIDENT 1016	STATE USE ONLY										
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1016	11/18/2015										
B	35	ROAD ON WHICH ACCIDENT OCCURRED STREET/ HIGHWAY NO. S. 9th St. at South St.			PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	LATITUDE									
C	1	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE									
D	1	IF AT INTERSECTION NAME OF INTERSECTING ROADWAY S. 9th St. at South St.													
V1/M	01	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN													
V2/M	14	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN									
E	2	R. WORK ZONE CODES 1	R2	R3	R4	S. PEDESTRIAN CLASSIFICATION CODES S1 S2 S3 S4 S5-a S5-b S6-a S6-b									
DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO															
VEHICLE NO. 1															
F	2	DRIVER LICENSE NO.	G05016986	STATE (Of License)	NE	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE									
V1/N	2	DRIVER	BRIAN T RIDDER		PHONE	4024848575									
V2/N	2	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	09/01/1971									
G	2	OWNER	COMMONWEALTH ELECTRIC CO OF MIDWEST		PHONE	4024741341									
H	5	OWNER ADDRESS	CITY, STATE, ZIP		CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO.									
V1/O	1	LICENSE PLATE	TE	NO.	SCD565	YEAR (Plate Expires)	2016	STATE (Of Plate)	NE						
V2/O	1	VEHICLE	1997	MAKE	Ford	MODEL	F35	BODY STYLE	Pickup truck	COLOR	red	ESTIMATED DAMAGE	<input type="radio"/> TOALED \$ 0		
I	1	VEHICLE ID NO. (VIN)	1FDHF36F1VEB40451		INSURANCE COMPANY	Old Republic Ins. Co.			POLICY NO.	MWTB304237					
VEHICLE NO. 2															
I	1	DRIVER LICENSE NO.	H13802975	STATE (Of License)	NE	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE									
V1/P	1	DRIVER	SHAKIR ABDELRAHMAN		PHONE	4023047333	LOCAL NO.								
V2/P	1	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	01/04/1981	LOCAL NO.								
J	01	OWNER	BABIKER M AHMED		PHONE	4027300209	LOCAL NO.								
V1/Q	4	OWNER ADDRESS	CITY, STATE, ZIP		CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO.									
V2/Q	4	LICENSE PLATE	PA	NO.	TDW183	YEAR (Plate Expires)	2016	STATE (Of Plate)	NE						
K	02	VEHICLE	2004	MAKE	Chrysler	MODEL	SLX	BODY STYLE	Convertible	COLOR	white	ESTIMATED DAMAGE	<input type="radio"/> TOALED \$ 200		
INSURANCE COMPANY							Progressive Northern Ins. Co.			POLICY NO.	900891598				
TOWED TO							TOWED BY			POLICY NO.					
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)							DATE OF BIRTH (MM / DD / YYYY)			1	2	3	4	5	SEX M F
VEH. # NAME ADDRESS										Seat Position	Eject	Body Region	Injury Sev.	Trans.	
LOCAL NO. MEDICAL FACILITY NAME EMS SERVICE NAME										EMS RUN REPORT NO.					
VEH. # NAME ADDRESS															
LOCAL NO. MEDICAL FACILITY NAME EMS SERVICE NAME										EMS RUN REPORT NO.					
VEH. # NAME ADDRESS															
LOCAL NO. MEDICAL FACILITY NAME EMS SERVICE NAME										EMS RUN REPORT NO.					

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

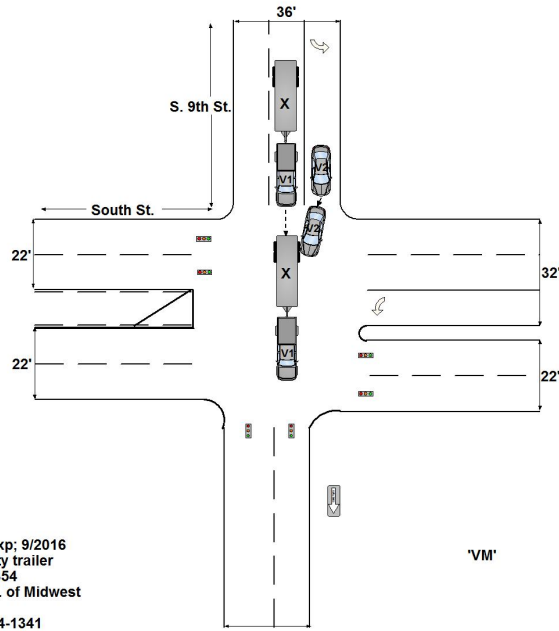
AGENCY CASE NO.
B5-107560



Indicate
North
by Arrow



Unable to Determine POI.
Vehs Moved.
No Skid Marks/Debris Field.



← - One Way Street Sign

⬢ - Traffic Signal

X - Trailer; Ne. Lic. # XKJ-011 exp; 9/2016
1996/MNFD/2WH/flatbed/utility trailer
VIN#: 16JF01622T1028354
R.O. - Commonwealth Electric Co. of Midwest
1901 'Y' St.
Lincoln, Ne 68501 (402)474-1341
No Damage

Not To Scale

DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

#1 was S/B, in the center lane, on S. 9th St., stopped at the red light at South St. #1 said that when the light turned green he proceeded into the intersection when veh #2 tried to change lanes, into the center lane, and struck the left-side tires of the flatbed, utility trailer that he was pulling. #1 reports that the trailer sustained no damage. #2 was S/B, in the left turn lane, on S. 9th St., at South St. #2 said that he was unaware that this lane ended at South St., so when veh #1 pulled past him he attempted to switch lanes, into the center lane, however did not see the trailer (X) that veh #1 was pulling, and collided with the trailer. #179

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME	ADDRESS	PHONE		
	NAME	ADDRESS	PHONE		

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA				AIRBAG DEPLOYED VEHICLE 1				RESTRAINT USE VEHICLE 1				TOTAL OCCUPANTS								
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME				(Enter numbers for each vehicle)															
1		X			S. 9th St.								4				2				VEH 1			
2		X			S. 9th St.								4				2				VEH 2			
1	01	06 Turning left			VEHICLE 1				VEHICLE 2				1 Deployed - front				1 None used - vehicle occupant				Driver No. 1			
2	03	08 Entering traffic lane			POINT OF IMPACT 12				POINT OF IMPACT 02				2 Deployed - side				2 Lap & shoulder belt used				Driver No. 2			
					MOST DAMAGED AREA 12				MOST DAMAGED AREA 02				3 Deployed - both front/side				4 Lap belt only used				Pedestrian			
					00 None				02 03 04				4 Not deployed				5 Child safety seat used				N X N X N			
					09 Top & windows				01 05				5 Not applicable/ No airbag available				6 Child booster seat used				BAC LEVEL			
					10 Undercarriage				08 07 06				6 Unknown				7 DOT approved helmet used				ALCOHOL/ DRUGS SUSPECTED			
					11 Total (all areas)								VEHICLE 2				8 Costume helmet used				1 1			
					12 Other												9 Restraint use unknown				1 Neither alcohol nor drugs suspected			
																					2 Yes - alcohol suspected			
																					3 Yes - drugs suspected			
																					4 Yes - alcohol & drugs suspected			
																					5 Unknown			
OFFICER NO. 579					TROOP/ TEAM/ BEAT 4					DEPARTMENT Lincoln Police Department					Photographs taken? YES NO					DATE OF REPORT 11/18/2015				
INVESTIGATOR NAME (Print or Type) Michael Martin					INVESTIGATOR SIGNATURE Approved by Ofc Mike Martin																			